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FACSIMILE TRANSMITTAL SHEET

TO:	MS: PETITION	FROM:	Charles Miller
COMPANY:	U.S. Patent Office	DATE:	April 29, 2005
FAX NUMBER:	703-305-8568	TOTAL NO. OF PAGES:	32 including cover page
RE:		OUR REFERENCE No.	011738.00026

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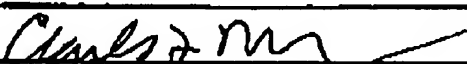
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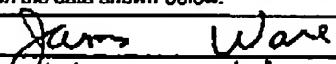
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/044,405	RECEIVED CENTRAL FAX CENTER MAY 02 2005
	Filing Date	January 11, 2002	
	First Named Inventor	Stypulkowski	
	Art Unit	3762	
	Examiner Name	Evanisko	
Total Number of Pages in This Submission	Attorney Docket Number	011738.00026	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Revive Application <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1 Reference with English Abstract Fax Coversheet
Remarks The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Wilcoff, Ltd.		
Signature			
Printed Name	Charles L. Miller		
Date	April 29, 2005	Reg. No.	43,805

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	James Ware	Date	

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Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2005		Application Number	10/044,405
		Filing Date	January 11, 2002
		First Named Inventor	Stypulkowski
		Examiner Name	Evanisko
		Art Unit	3762
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	011738.00026
TOTAL AMOUNT OF PAYMENT		(\$) 1680	

METHOD OF PAYMENT (check all that apply)

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- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

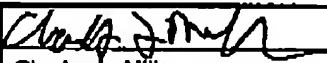
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition to Revive Application and IDS Filing Fees \$1680

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,805	Telephone	312-483-5000
Name (Print/Type)	Charles L. Miller	Date	April 29, 2005		

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